

No. 7. And I will close with this—is hope. As I talked with Denise Stokes today, I was struck by her remarkable enthusiasm, her optimism, and her commitment to teaching others about this disease which changed her life from the age of 13.

The most remarkable thing to me, as I listened to her and learned that she was just in the emergency room 2 days ago, was the simple fact that here she was talking to a large crowd of people with her story. She was sharing what was inside, reaching out broadly to people from all over the world, bringing her special message which can be summed up in one word: “hope.”

We should do all we can to provide comfort and care to families all over the world today. We should address the issue of the orphans created by this terribly destructive disease. We have a moral responsibility to give them hope.

Yes, the challenge is before us—a moral challenge, a humanitarian challenge. There has never before been such a challenge in terms of sheer magnitude.

As Americans, it is natural to reach out to those around us, domestically, to give a helping hand. Now we must join with other nations to extend our helping hand further to create a better world, a safer world, and a more fulfilling world. We do that here at home with boldness, genius, and creativity, along with a healthy dose of courage, persistence, and patience. Let us now rise to the global challenge as a compassionate people in a great and compassionate nation.

COMMEMORATING TWENTY YEARS SINCE THE FIRST DIAGNOSES OF AIDS

Mr. DASCHLE. Mr. President, I rise to commemorate the beginning of a tragic chapter in human and medical history. Twenty years ago today the first cases of AIDS were diagnosed. Since that initial diagnosis in 1981, the toll wreaked upon humanity by this disease is mind boggling. Twenty-two million people have already died. And an additional thirty-six million people have become infected with HIV, the virus that causes AIDS.

In 1981, no one imagined the impact HIV/AIDS would have in the ensuing two decades. And, unfortunately, no one would have imagined that the United States would be as slow as it has been to respond to what has become a grave international crisis.

International public health experts estimate that the global fight against AIDS demands at least \$7 billion per year. Meanwhile, in the last 15 years combined, the United States has invested only \$1.6 billion or a little over \$100 million per year to fight this pandemic. In 1999, a year during which nearly five and a half million people in Africa alone were newly infected, the United States invested just \$142 million, less than .001 percent, of our foreign assistance budget that year, to fight AIDS.

Too much time has been lost, and too little leadership has been demonstrated by America. President Bush, Vice President CHENEY, and Secretary Powell have indicated they now recognize this pandemic for what it is: a national security threat. It is time that we begin dedicating the resources that such a threat demands.

In recent months, some progress has been made in combating AIDS. Governments, foundations, and corporations have begun to pledge donations to the Global Trust Fund to fight AIDS. Drug producers have also begun to make AIDS treatment more affordable for the more than 25 million HIV-positive Africans. But much more remains to be done.

However, the activities of the Global Trust Fund should not and cannot replace our bilateral efforts to bolster the health infrastructure of the countries struggling against this pandemic. Therefore, Congress can take three important steps to bolster our bilateral efforts and invest in the health care workers and researchers needed in the affected countries.

First, Congress must provide the resources needed for increased training of public health workers on the ground.

Second, Congress must increase spending on research in Africa—and insist that research dollars spent in these countries also go to the development of indigenous research capabilities.

And third, Congress must try to create the incentives necessary to stop the steady outflow of African doctors and nurses from these ravaged countries.

It is time to act. We have already lost two decades and tens of millions of lives to this deadly disease. We cannot afford to wait another two decades before we confront this disease with the dedication it demands.

Mr. KENNEDY. Mr. President, today marks the 20th year since the Centers for Disease Control and Prevention first published information in the Morbidity and Mortality Report on this illness we now call HIV/AIDS. The past 20 years have seen immense loss, as well as significant medical advances, and this anniversary is a fitting time to renew the worldwide call for stronger action in the battle against this devastating global epidemic.

Tragically, current reports from the CDC and from the Retrovirus Conference in Chicago indicate that the transmission of HIV is increasing among our youngest citizens. At least 50 percent of new infections in the U.S. occur in those under 25 years of age. Clearly, we can do more to combat this serious challenge that threatens to blight the lives of many of the Nation's youth.

Our concern extends far beyond America's borders. President Bush has pledged \$200 million for HIV/AIDS internationally, but we need to do far more, especially to help combat this massive HIV/AIDS crisis in developing nations. From orphaned children, to

untrained workforces, to destabilized economies, the realities of HIV/AIDS in third-world nations are harsh. Today, nearly 40 million people worldwide continue to live with HIV/AIDS.

Dealing more effectively with this global epidemic requires a stronger commitment from all of us both in Congress and in the administration, so that medical advances will benefit as many people as possible worldwide. The United States can set a proud example for the world community in dealing with HIV/AIDS by doing all we can to provide the resources needed for effective prevention programs, good treatment for those suffering from HIV/AIDS, and the development of a cure that will finally conquer it and save the lives of millions.

Mr. SMITH of Oregon. Mr. President, I rise today to note the 20th anniversary of the passing of a constituent of mine . . . one of the five original deaths cited by a CDC report published 20 years ago today. Though the 553-word article only outlined a rare type of pneumonia—it also noted that the same strain had struck five gay men in Los Angeles, California. One of those five men in Los Angeles was an Oregonian and I stand here today to mark this somber anniversary.

The world marks this date, June 5, 1981 as ground zero for the AIDS epidemic. Those early days marked a panic among urban populations of gay men, who at first made up the bulk of early AIDS cases. It wasn't until 1984 that researchers identified the AIDS virus, and throughout the 1980s much of the gay community's efforts were focused on organization and education, which became the hallmark for the early fight against AIDS. As this Nation all too slowly awakened to this epidemic, much of the groundwork had been laid by a community devastated by this disease. Slowly funding on the Federal level grew, and by the mid 1990s new drugs slowed but did not stop the progression of the disease.

Today 36 million people are HIV-positive: almost a million in the United States alone, and almost a third of them don't know they have HIV. AIDS is the fourth leading cause of death globally and the leading cause of death in Africa. The statistics in that continent are mind-numbing—in some countries, one of four adults are living with HIV/AIDS. Life expectancies in those countries over the next five years have been slashed from the mid-60s to the early forties. Cumulative deaths attributable to AIDS on that continent numbered over 13 million by 1999, and the number of children orphaned by AIDS is estimated between 7 and 10 million. An estimated 1 million children in Africa are HIV-positive.

There were about 5,000 cases of AIDS in Oregon last year, and the National Institutes of Health allocated over \$16 million to universities and other institutions in the state to conduct research for the treatment of HIV/AIDS. In addition the government provided

about \$800,000 in grants under the Housing Opportunities for Persons with AIDS program.

But this day is not one solely devoted to statistics about this disease. Though the numbers are mind-numbing, sometimes the most devastating loss is measured in terms of those who contributed to our culture, our society, through literature, sports, public service and private business. AIDS has created a loss for our society in terms of books not written, music not played, business left undone, research undiscovered—put simply—lives not lived. On this somber anniversary I stand here on the Senate floor to note that one of the first was an Oregonian, a man named “Chuck” whose medical history is annotated in a CDC report released twenty years ago. Today’s Washington Post noted only a sliver of his life—that he was from Oregon and that he had a penchant for wearing cowboy boots. Chuck has been dead for 19 years.

DRUG ENFORCEMENT ADMINISTRATION

Mr. GRASSLEY. Mr. President, as chairman of the Senate Caucus on International Narcotics Control, I rise today to compliment the men and women of the Drug Enforcement Administration, DEA. As chairman, I have watched these American heroes work day and night on the front lines of the struggle against international drug trafficking.

DEA’s mission is to identify, target, and dismantle the most powerful drug syndicates operating around the world that smuggle their poison into American communities. These syndicates are far more powerful and violent than any organized criminal groups that American law enforcement has yet encountered. Unlike traditional organized crime, these 21st century crooks operate globally with transnational networks to conduct illicit enterprises simultaneously in many different countries.

The drug traffickers whom DEA faces pose nothing less than a foreign threat to the national security of the United States. International trafficking groups today have at their disposal the most sophisticated communications technology and their arsenal includes radar-equipped aircraft, advanced weaponry, and an army of workers who oversee the drug business from the source zones to the urban areas and rural locations within the United States. These drug traffickers reach even into my home State of Iowa, in America’s heartland. Local, rural police and sheriffs departments must now deal with international organized crime.

All of this modern technology and these vast resources enable the leaders of international criminal groups to build organizations that, together with their surrogates operating within the United States, reach into all parts of

America. The leaders of these crime groups use their organizations to carry out the work of transporting drugs into the United States, and franchise others to distribute drugs, thereby allowing them to remain beyond the reach of American justice. Those involved in international drug trafficking often generate such tremendous profits that they are able to corrupt law enforcement, military and political officials overseas in order to create and retain a safe haven for themselves. DEA’s focus on international trafficking organizations makes that agency a critical and effective weapon in countering this threat to our way of life, here and abroad.

The threat posed by Colombian drug traffickers is particularly dire. The international drug syndicates headquartered in Colombia, and operating through Mexico and the Caribbean, control both the sources and the flow of many dangerous drugs into the United States. The vast majority of the cocaine entering the United States continues to come from the source countries of Colombia, Bolivia, and Peru. For the past two decades—up to recent years—criminal syndicates from Colombia ruled the drug trade with an iron fist, increasing their profit margin by controlling the entire continuum of the cocaine market. Their control ranged from the wholesale cocaine base production in Peru, Bolivia, and Colombia, to the cocaine hydrochloride, HCL, production and processing centers in Colombia, to the wholesale distribution of cocaine on the streets of the United States.

In response to this threat, the DEA carries out cutting-edge, sophisticated investigations like Millennium and White Horse which have led to the dismantling of major portions of the most significant drug trafficking organizations operating not just out of Colombia, but throughout the world. DEA’s accomplishments could take hours to review in detail, but let me mention just a few here today.

In 1999, Operation Millennium successfully targeted major traffickers who had previously operated without fear of capture or prosecution in the United States, believing that only their low-level operatives were at risk. This enforcement operation effectively demonstrated that even the highest level traffickers based in foreign countries could not manage drug operations inside the United States with impunity. Operation Millennium was made possible by direct support from the governments of Colombia and Mexico, and underscore the importance of cooperation among international drug law enforcement agencies.

In November 2000, DEA, FBI, and U.S. Customs culminated an 18 month investigation targeting a multi-ethnic, transnational MDMA, Ecstasy, and cocaine distribution organization, following up on enforcement action by Dutch police in the Netherlands. The investigation, known as Operation Red

Tide, was a textbook example of the new multi-agency, multi-national law enforcement cooperation needed to thwart organized crime in the 21st Century. As a result of this cooperative effort, 1,096 pounds, 2.1 million tablets, of MDMA, the largest single seizure of the drug in history, were seized by U.S. Customs agents. The head of the organization, Tamer Adel Ibrahim, fled the U.S. after the seizure, but was quickly traced to Mexico and then to Europe by the multi-agency team. Ibrahim, along with others, were arrested and 1.2 million tablets of MDMA were seized by the Dutch National Police.

Cases similar to Operation Red Tide exemplify the unprecedented level of international law enforcement cooperation in effect today. The investigation targeting the transnational MDMA and cocaine trafficking syndicate was a cooperative effort by the U.S. law enforcement agencies, as well as the Dutch National Police/Regional Team South, Mexico’s Fiscalía Especializada Para La Atencion De Delitos, FEADS, the Israeli National Police, the German Federal Police, Bundes Kriminal Amt, the Cologne, Germany Police Department, the Duisburg Germany Police Department, the Italian National Police and the French National Police.

This investigation is extremely important because MDMA, Ecstasy, is a new threat with a potential to cause great damage, especially to America’s youth. Operation Red Tide has ensured that a large volume of ecstasy that would have made it into the hands of our youth never hit the streets. It has sent a strong message to the traffickers that the United States and DEA is leading a global response to the drug threat.

Last December, the DEA, again together with U.S. Customs and the FBI, completed Operation Impunity II, resulting in 82 arrests and the seizure of 5,266 kilograms of cocaine, 9,708 pounds of marijuana, and approximately \$10,890,295 in U.S. currency. Impunity II follows earlier successes dating back to 1996 in Operation Limelight and Operation Impunity I—and was the result of the outstanding coordination between Federal, State, and local law enforcement officials and prosecutors across the country.

Operation Impunity II was a multi-agency law enforcement program that targeted a wide ranging conspiracy to smuggle thousands of pounds of cocaine and marijuana from Mexico, across the southwest border into Texas, for distribution throughout the United States. The organization placed managers in the United States and retained the organizational command and control elements in Mexico. In addition to remnants from the Carrillo-Fuentes organization, U.S. agents learned that some members of the Mexican Gulf Cartel had also become associated with the organization, including Osiel Cardenas-Guillen, allegedly a former Gulf Cartel lieutenant.